

Case Number:	CM15-0104651		
Date Assigned:	06/09/2015	Date of Injury:	02/03/2013
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male, who sustained an industrial injury on 2/03/2013. He reported groin pain while placing a pan of poker chips into a lower cabinet. The injured worker was diagnosed as having right side hernia and abdominal pain, other specified site (low back, left groin). Treatment to date has included surgical intervention in 2013 and medication. Currently, the injured worker complains of pain in his groin, testicles, right side low back, with referral down the leg to about the heel. Pain was rated 8/10 at worst and 7/10 at best. He reported loss of ability to function independently resulting from chronic pain. The treatment plan included 80 hours of treatment in the functional restoration program, HELP interdisciplinary program. It was documented that he met with a multidisciplinary team and was felt to meet criteria for the program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HELP Program, 80 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: HELP Program, 80 hours is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request exceeds the recommended 2 week period of treatment therefore this request is not medically necessary.